


U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY <b>ACTION REQUEST</b>		See Reverse for Paperwork Disclosure Notice	OMB. No. 1660-0047 Expires January 31, 2011
<b>I. REQUESTING ASSISTANCE (To be completed by Requestor)</b>			
1. Requestor's Name (Please Print) <b>Elgan Usrey</b>		2. Title <b>Asst. Director, Preparedness</b>	
3. Phone No. <b>615-741-2879</b>			
4. Requestor's Organization <b>TN Emergency Management Agency</b>		5. Fax No. <b>615-242-9635</b>	6. E-Mail Address <b>eusrey@tnema.org</b>
<b>II. REQUESTED ASSISTANCE (To be completed by Requestor)</b>			
1. Description of Requested Assistance: <b>12 Water Sector SMEs for 30 days to assist State of TN in conducting damage assessments to include water sampling and analysis, liaisons between TDEC and critical water sector partners, and certified Bac-T laboratory (capacity 200 analysis per day) to support determinations of safety for human consumption of drinking water and of exposure to communicable diseases from wastewater spills.</b>			
2. Quantity	3. Priority <input type="checkbox"/> Lifesaving <input type="checkbox"/> High	<input type="checkbox"/> Lifesaving Sustaining <input type="checkbox"/> Normal	4. Date and Time Needed <b>7 May 2010, 1200</b>
5. Delivery Site Location <b>Declared Counties</b>		6. Site Point of Contact (POC) <b>Nick Fielder</b>	
		7. 24 Hour Phone No. <b>615-202-2753</b>	8. Fax No.
9. State Approving Official Signature 			10. Date <b>7 May 2010</b>
<b>III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)</b>			
1. <input checked="" type="checkbox"/> OPS Review by: _____ <input type="checkbox"/> Log Review by: _____ <input type="checkbox"/> Other Coordination by: _____ <input type="checkbox"/> Other Coordination by: _____ <input type="checkbox"/> Other Coordination by: _____		2. <input type="checkbox"/> Donations <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Requisitions <input type="checkbox"/> Procurement <input type="checkbox"/> Interagency Agreement <input type="checkbox"/> Mission Agreement	
3. Immediate Action Required <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Date	5. Time Assigned
6. Action Request <b>ESF# 3</b>		7. Assigned to	
<b>IV. STATEMENT OF WORK (Operations Section Only)</b>			
1. OFA Action Officer		2. 24 Hour Phone No.	3. Fax No.
4. FEMA Project Manager		5. 24 Hour Phone No.	6. Fax No.
7. Statement of Work <b>Deploy personnel to coordinate and execute all necessary assessments, evaluation, and design/build response and recovery actions associated with ensuring the safety of drinking water and wastewater systems in the affected area in coordination with the appropriate State agencies, as directed by FEMA. These actions may include but are not limited to, providing laboratory support for water sample collection, analysis and data interpretation; assessing public water and wastewater systems; facilitating the contact with Federal, State and local agencies and providing oversight of drinking water and wastewater system restoration, and related activities.</b>			
8. Estimated Completion Date		9. Cost Estimate <b>\$360,000 -Deploys twelve (12) water sector professionals for 30 days, [includes labor overtime, supplies, travel and per diem.]</b>	
<b>V. ACTION TAKEN (Operations Section Only)</b>			
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Requestor Notified			
Reason / Disposition			
<b>TRACKING INFORMATION (FEMA Use Only)</b>			
ECAPS/NEMIS Task ID:	Action Request No.	Program Code/Event No.	<input type="checkbox"/> Originated as verbal
Received by (Name and Organization)	State	Date/Time Submitted	